

PERFORMANCE ASSESSMENT For use of this form, see AR 40-68; the proponent agency is OTSG		PERIOD COVERED			
		FROM		TO	
AREAS OF ASSESSMENT <i>(Check Appropriate Box. Qualifying statements may be made under "Comments" below.)</i>		UNSATIS- FACTORY	SATIS- FACTORY	GOOD	EXCEL- LENT
1. Basic clinical knowledge displayed.					
2. Clinical judgment.					
3. Clinical performance.					
a. Outpatient.					
b. Inpatient.					
c. Operating room.					
4. Communication skills.					
5. Rapport with patients.					
6. Relationship with colleagues.					
7. Cooperation with hospital/clinic personnel.					
8. Appearance.					
9. Emotional stability.					
10. Apparent physical health.					
11. Professional conduct					
12. Ethical conduct.					
13. Leadership capability.					
14. Quality and timeliness of medical/dental record documentation.					
15. Participation/attendance at staff committee meetings and professional activities.					
16. COMMENTS <i>(Unsatisfactory areas should be addressed.)</i>					

17a. NAME OF ASSESSED INDIVIDUAL	17b. GRADE	19. SPECIALTY/DUTY ASSIGNMENT
17c. TITLE		
18a. TYPED NAME OF SUPERVISOR	18b. GRADE	20. MEDICAL/DENTAL TREATMENT FACILITY <i>(Name and Address)</i>
18c. TITLE		
18d. SIGNATURE		